



City of Dublin

ADMINISTRATIVE REVIEW TEAM | May 2012

Case # 12 - 038 ARB-MPR

## APPLICATION FOR DEVELOPMENT

### PLEASE CHECK THE TYPE OF REVIEW

- ☐ West Innovation Districts  
(Zoning Code Sections 153.037 - 153.043)
- ☒ Bridge Street Corridor Districts  
(Zoning Code Sections 153.057 - 153.066)
- ☐ Wireless Communication Facility (Chapter 99)

### PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review ☒ Minor Project
- ☐ Development Plan Review ☐ Site Plan Review
- ☐ Waiver Review ☐ Master Sign Plan
- ☐ Open Space Fee-in-Lieu ☐ Parking Plan
- ☐ City Council Appeal

#### Wireless Applications

- ☐ New Tower ☐ Co-Location
- ☐ Alternative Structure ☐ Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Please check any that apply:

- ☐ Conditional Use ☐ Rezoning
- ☒ Administrative Appeal
- ☒ Project involving modifications to property within the Architectural Review District
- ☐ Other: \_\_\_\_\_

### SUBMISSION REQUIREMENTS

- ☒ **Fee** (refer to the approved fees list)
- ☒ **Electronic Copies** of all application materials
- ☒ **Submission Requirements** for each type of application (refer to checklists)
- ☐ **Legal Description** for the subject property

**I. PROPERTY INFORMATION:** Please provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es):

525 High Street Dublin OH 43017

Tax ID/Parcel Number(s):

45-4720310

Parcel Size(s) in Acres:

1,000 Sq. feet

Existing Land Use/Development:

Retail Store

Zoning District: BSC Historic Core Dist.

Historical Dublin

☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.

☐ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

**II. PROPERTY OWNER INFORMATION:** Please indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): Hulme Miracles B&Ldba  
Winans Fine Chocolates + Coffees  
Ryan Hulme

Mailing Address:

4700 Hayden Blvd.  
Columbus, OH 43221

Daytime Telephone:

614.595.1126

Fax:

N/A

Email or Alternate Contact Information:

ahulme40@gmail.com

### FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:

6/26/12

Next Decision Due Date:

ARB: 7/10/12 ARB: 8/7/12

Final Date of Decision:

Determination:

Director's (or Designee's) Signature:

RECEIVED

12-038 ARB-MPR  
JUN 26 2012

CITY OF DUBLIN  
PLANNING

For questions or more information, please contact the Planning Department at (614) 410-4600 | [www.dublin.oh.us](http://www.dublin.oh.us)

**FILE COPY**

**III. APPLICANT(S):** Please indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) <u>N/A</u>	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

**IV. AUTHORIZED REPRESENTATIVE(S):** Please indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization) <u>Amber Hulme</u>	
Mailing Address: <u>34768 Hayden Blvd. Col OH 43221</u>	
Daytime Telephone: <u>614.595-1126</u>	Fax: <u>N/A</u>
Email or Alternate Contact Information: <u>ahulme40@gmail.com</u>	

**V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):** Please complete and notarize if applicable.

I, <u><del>Ryan Hulme</del> Bob Cummings</u> , the owner, hereby authorize <u>Amber Hulme / Ryan Hulme</u> to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <u>x Bob Cummings partner Michael Reg Ltd</u>	Date: <u>5/18/12</u>

☐ Please check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

**VI. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application.

I, <u>Bob Cummings</u> owner, the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative: <u>x Bob Cummings owner</u>	Date: <u>5/18/12</u>

**VII. APPLICANT'S AFFIDAVIT:** This section must be completed and notarized.

I, <u>Amber Hulme</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner or Authorized Representative: <u>x Amber Hulme</u>	Date: <u>6-7-12</u>

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JUN 26 2012  
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Amanda Jo Hall  
AMANDA JO HALL  
Notary Public, State of Ohio  
My Commission Expires  
January 14, 2015  
6-7-12